

Clarity of Words and Phrases Essential When Giving Instructions to Women

While women have a clear understanding of some words and phrases commonly used to describe breast cancer and related procedures, many other words lack clarity according to a study conducted by the Breast and Cervical Cancer Control Program (BCCCP). This study prompts the BCCCP to urge health care providers to give clear instructions when serving women.

According to the study, women most commonly understood the terms “yearly,” “purpose of a breast self-examination,” “purpose of breast examination” and “annually.”

Some of the least understood terms include “cancer,” “metastasized,” “at risk,” “risk factors,” “develops breast cancer,” “follow

up,” and “screening.” The study also indicates that cancer terms mean different things to English and Spanish speakers.

Findings of the study are based on personal interviews with 232 low-income women age 50 or older visiting six BCCCP clinics in the Houston area. Women were asked the meaning of words and phrases identified by local BCCCP providers as terms often used when talking with women in clinic settings. An interdisciplinary team established technical definitions for each word and phrase.

Less than 8 percent of women interviewed for the study showed a clear understanding of the word “cancer.” Instead of indicating a technical or medical understanding of the word, many women defined cancer in emotional terms such as “death,” “scary,” or “something terrible.”

“Mammogram” was at least somewhat understood by nearly 72 percent of women interviewed. However, less than 30 percent showed a clear understanding.

Women’s definitions of “diagnosed,” “mammogram,” and “yearly” showed the most pro-

nounced language differences. Three-fourths of English responses were correct for the words “diagnosed” and “mammogram” whereas only about half of Spanish responses were. Many women understood that “mammogram” was a test but did not connect it to detecting breast cancer.

“Women make informed decisions about their family’s health care all the time,” said Margaret C. Méndez, Director of the Texas BCCCP.

“It is imperative that health care providers assess the clarity of the information we give to women,” Méndez said. “We cannot just give a pamphlet to someone or repeat a routine message, because words mean different things to different people. Our challenge is to truly communicate with each individual so that people can make the most informed decision possible about following through with their health care needs.”

Contact Christina Stovall, Epidemiologist, or Stephen Wright, Public Information Coordinator, at (800) 452-1955 for more information on this study.

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BCCCP Briefs

Training

New Employee Orientation is scheduled for Wednesday, April 15. Contact Karen McAnarney, R.N., Nurse Consultant at (800) 452-1955.

There are four slots available for the Breast Cancer Detection Course offered by West Texas A&M University at the Harrington Cancer Center in Amarillo. BCCCP will pay for base tuition. Contact Karen McAnarney, R.N., Nurse Consultant at (800) 452-1955 for more information.

There are some remaining slots available for the M.D. Anderson training in June and July. Contact Karen McAnarney, R.N., Nurse Consultant at (800) 452-1955 for more information.

Internet Resources

BreastCancer.Net's address is: <http://www.breastcancer.net/>

National Action Plan on Breast Cancer can be found at: <http://www.napbc.org/>

Who to Call & How to Reach Us...

General Information/Administration:

Margaret Méndez Robert Reeves
Nora Ogea Lisa West
Lurah Oliver Rhonda Jones

Professional Education, Clinical Services, Case Management:

Karen Knox Karen McAnarney

Public Information and Outreach:

Stephen Wright Andrea Littlefield

Data Collection and Maintenance:

Vincent Crawley Christina Stovall

Codie Prinz Wanda Gibson

Steve Johnson June Browning

Cancer Epidemiology/Demographics:

Christina Stovall

Billing:

Kathy Kokel Codie Prinz

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1100 West 49th Street, G407
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(512) 458-7644
(800) 452-1955

(512) 458-7650 FAX
email: [margaret.mendez_\(or other staff first name, period and last name\)@tdh.state.tx.us](mailto:margaret.mendez_(or other staff first name, period and last name)@tdh.state.tx.us)

Website Address

<http://www.tdh.state.tx.us/bcccp/>

Local Changes

Please call or write Lisa West, Administrative Technician, with **ANY** changes in local phone numbers, personnel or providers. *Thank you.*

CDC Conducts Rescreening Focus Groups in Texas

Women screened by local Breast and Cervical Cancer Control Program (BCCCP) providers recently participated in focus groups designed to provide insight on screening experiences and re-screening habits. The BCCCP and the Centers for Disease Control and Prevention (CDC) conducted the focus groups in San Antonio and the Houston/Galveston areas. The San Antonio groups were conducted in Spanish.

The purpose of the study was to examine a woman's experience with breast exams and mammograms, explore barriers in the system and a woman's perception of her first mammogram.

Women were chosen for the focus groups based on the results from their mammogram and whether they returned for their follow-up screening within the proper amount of time.

CDC will use the information gained from the focus groups to prepare a questionnaire for a larger, nationwide survey on rescreening.

The final report on the Texas focus groups will be available in March. For more information regarding this study, contact Andrea Littlefield, Information Specialist at (800) 452-1955.

BCCCP thanks the following providers who helped arrange these focus groups.

- Barrio Comprehensive Family Health Care - San Antonio
- Ella Austin Health Center - San Antonio
- Galveston County Health District
- Harris County Hospital District - Houston
- Planned Parenthood of Houston and Southeast Texas
- San Antonio Metropolitan Health District
- University Health System - San Antonio
- University of Texas Medical Branch - Galveston

April is Minority Cancer Awareness and Cancer Control Month

April is National Minority Cancer Awareness Month. To receive a packet of materials, contact Linda Moreno through the Cancer Information Service at (713) 792-3363 to order. April is also Cancer Control Month. The observance is sponsored by the American Cancer Society (ACS). You can contact either the national office or your local chapter to receive flyers, fundraising brochures and other information. The address for ACS' national headquarters is: 1599 Clifton Road, NE, Atlanta, GA 30329-4251, (800) ACS-2345, (404) 320-3333.

Ask The Expert

*Don't forget, **you** can submit your own questions on any subject related to the program such as nursing, case management, billing, data or outreach. Send questions to Andrea Littlefield, Information Specialist, 1100 West 49th Street, Austin, TX 78756-3199.*

Q “How do I document the needs assessment when a client returns to the clinic after having lapsed appointments for diagnostic follow-up? Do I need to do another Comprehensive Needs Assessment?”

A The case management process includes assessment, planning, and monitoring to determine if planned services occurred. As with the “cart before the horse” theory, the case management process should also follow a logical order. If the planned services did not occur, the client’s needs should be reassessed to determine any barriers to follow-up. This provides another opportunity for discussion and the Comprehensive Needs Assessment provides a format for that process. The Comprehensive Needs Assessment also is a means to document if the needs are unchanged. As the plan for follow-up is mutually agreeable to the client and the clinician, the diagnostic services should be carried out.

Hot Off The Press!



The Texas Cancer Council (TCC) has Skin Cancer Awareness brochures available. The brochures, available in English and Spanish, were developed by Dr. Mike Ahearn. The minimum order shipment size is 500 brochures and the recipient will need to pay the shipping charges.

Dr. Ahearn has also produced a videotape on skin cancer prevention for parents of preschool children. The video is available in English and Spanish. Quantities of the video are limited to one in each language for each TCC project.

Brochures and videotapes can be obtained by contacting Dr. Ahearn at: Office of Vice President of Academic Affairs, UT M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Box 240, Houston, Texas 77030, (713) 745-1205, fax (713) 792-0800.

Its Time to Clear Up Those Pending Records!

The Breast and Cervical Cancer Control Program has completed an audit with the Centers for Disease Control and Prevention. Providers will need to focus on completing any pending records for the end of 1996 through the beginning of 1997.

Providers should pay special attention to any clients deemed lost to follow-up, to ensure that

all appropriate documentation is present.

Any lost to follow-up records will be audited by telephone or during an on-site visit. Providers are required to keep the percentage of closures in the lost to follow up category under two percent.

If you have any questions, contact Karen Knox, Case Management Coordinator at (800) 452-1955.

Staging Requests

Breast and Cervical Cancer Control Program providers must address all staging information directly to Vince Crawley. Please make sure the staging data is separate from the data submission. If you have any questions, contact Vince Crawley, Public Health Technician at (800) 452-1955.

How to Document Women Considered Lost to Follow-up

A client is considered lost to follow-up only when she cannot be located. The number of lost to follow-up cases should be kept to a minimum. The Centers for Disease Control and Prevention's (CDC) funding is provided to guide a woman from screening through diagnosis, or if cancer is found, to the initiation of treatment. During the intake process for the initial screening, it is helpful to explain to a client that participation in follow-up is a necessary part of her participation in the program.

The lost to follow-up status is explained in the Breast and Cervical Cancer Control Program (BCCCP) Policies and Standards. Attempts to contact a client following receipt of an abnormal screening must be made within five working days. Attempts to

contact a client following an abnormal diagnostic result must be made within two working days. These contacts can be made by office visit, telephone, home visit or by mail. Before considering a client lost to follow-up, there must be at least three attempts to contact the client. The last attempt must be made by certified mail. All of the attempts should be documented in the client's record, usually as a progress note. The certified mail receipt also serves as documentation.

Statewide, providers differ in their numbers of women lost to follow-up. Some providers have no women lost to follow-up or refusing follow-up, while others need to decrease the numbers considered lost. To request further information, contact Karen Knox, Case Management Coordinator at (800) 452-1955.

Important Dates

March

March 2

Texas Independence Day
Skeleton Crew at State Office

March 5-6

BCCCP State Conference in
San Antonio

April

- National Minority Cancer Awareness Month
- National Cancer Control Month

April 15 **NEW!**

New Employee Orientation,
Austin

April 21

San Jacinto Day
Skeleton Crew at State Office

Women Served*:

97,784

Breast Screenings:

112,788

Cervical Screenings:

86,050

Breast Cancers:

552

Cervical Carcinoma in situ:

1301

Invasive Cervical Cancer:

43

*As of February 17, 1998

Commitment

A monthly bulletin

Send news/information to:

Texas Department of Health

Breast & Cervical Cancer Control Program

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Austin, TX 78756-3199

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